



CITY OF EASTON

RIGHT-TO-KNOW REQUEST FORM

(All fields required except telephone number)

REQUEST NO.

(FOR OFFICIAL USE ONLY)

DATE REQUESTED: _____

NAME OF REQUESTOR: _____

STREET ADDRESS : _____

CITY & STATE: _____ COUNTRY: _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

*Provide as much specific detail as possible so the agency can identify the information.

Police Reports Request Only: **Report Reference #** _____

Driver's Name: _____

DO YOU WANT COPIES? YES ☐ NO ☐

DO YOU WANT TO INSPECT THE RECORDS? YES ☐ NO ☐

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES ☐ NO ☐

SUBMIT TO: Thomas A. Hess (*for General Government Records*)
123 South Third Street
Easton, PA 18042
OFFICE 610-250-6731
FAX 610-258-6736
thess@easton-pa.gov

Lt. Sam Lobb (*for Police Records*)
25 South Third Street
Easton, PA 18042
OFFICE 610-250-6664
FAX 610-250-6775
sam.lobb@easton-pa.gov

(** DO NOT USE BELOW THIS LINE - FOR OFFICIAL USE ONLY **)

REQUEST SUBMITTED BY: EMAIL ☐ U.S.MAIL ☐ FAX ☐ IN-PERSON ☐

REQUEST RECEIVED BY: _____

DATE RECEIVED BY AGENCY: _____

AGENCY (5)-DAY RESPONSE DUE: _____

APPROVED: ☐

DISAPPROVE: ☐